### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

# INTOX DMT MAINTENANCE REPORT RECEIVED

REPORT #1

Complete this report at the time of the regular mon Complete this report whenever the instrument is se	erviced or repaired	<del></del>	at 2:19 pm, Aug	16, 2016
Retain the original and send a copy within 15 days	to the Breath Alcohol	Program, DHSS.		
NAME OF AGENCY 500237  NAME OF AGENCY Dexter Police Department			08/15/2016	
305 Cooper Street, Dexter MO 63841			TIME OF INSPECTION 20:28:49	
CHECKLIST: Place a mark in the box by each iter values where determined). Unmarked items must be	m if found to be satisfa be corrected before us	ctory or is operatir ing instrument.	ng within established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 08/15/2016 20:28:51		☑ DETECTOR		
☑ PROGRAM	☑ FILTER 1	The second section of the sect	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
☑ SAMPLE CHAMBER 48.9°C		☑ FILTER 2		(manufacture)
☐ BREATH TUBE 44.5°C		☑ FILTER 3		
☑ PUMP		☑ INTERNAL ST	(ANDARD	A CONTRACTOR OF THE CONTRACTOR
BREATH ANALYZER ACCURACY STANDARD	S			
☐ SIMULATOR STANDARD		☑ COMPRESSE	D ETHANOL-GAS MIXTU	JRE
☑ -STANDARD SUPPLIER_INTOXIMETER -	LOT#_	AG615304	EXP. DATE_	06/01/2018
SIMULATOR TEMP (34°C ± 0.2°C)	SIMULA	TOR SN	SIMULATOR EXP D	NATE
of .005 or less. Mark the box corresponding to  ☑ 0.10% STANDARD - MUST READ BE ☐ 0.08% STANDARD - MUST READ BE ☐ 0.04% STANDARD - MUST READ BE	ETWEEN 0.095% ANI ETWEEN 0.076% ANI	D 0.105% INCLUS D 0.084% INCLUS	SIVE	
TEST 1: 0,098	TEST 2: 0.099		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST			•	Approximately the second secon
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	G RANGES SINC	E THE LAST MAINTEN	ANCE REPORT:
REFUSALS: 0 004: 3	9509: <b>0</b>	.1014: 1	.1519 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO E	RESTORE THE INSTRUM	ENT TO OPERATE SATISFACTORILY	ANO WITHIN
INSPECTING OFFICER				
S'GNATURE COLOR		PRINT FULL NAME JOHN W MOORE		
TYPE II PERMIT NUMBER 250118	EXPIRATION DATE 05/14/2017	1	JE NUMBER	
RETURN COMPLETED REPORT TO THE Bre		ŕ	f Health and Senior Servic	es

# Airgas.

Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103 Phr (314) 533-3100 Fax (314) 533-7328

## Certificate of Analysis

Test Date: 2-Jun-2016

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Lot # AG615304 Model 108cacd

Exp. Date 1-Jun-2018	<u>СуІ. Тұра</u> 108	<u>Component</u> Elhanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (260 ppm) Balance
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# Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No. EB0010581 EB0010570 EB0010285 EB0010561	<u>Concentration</u> 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm	<u>Serial No.</u> EB0010803 EB0010559 EB0010595 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 208.9 ppm 104.9 ppm 52.94 ppm
FB0010681	52.22 ppm	EB001057a	32.34 ppm

Analytical Method: NDIR

Digitally aigned by Quality Control Data 2018 0h 02:13:08:52:45:10 Reason Dry gas standard cyrlification of wishyws Localion Akgas USA LEC (Lab)

nalyst:

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

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